

COPY



STATE OF ARIZONA APPLICATION FOR CERTIFICATION

Pursuant to Arizona Revised Statutes §§16-947 and 948 and AAC R2-20-104 (D)
Please Print or Type



☐ Initial Application

☐ Amended Application

FILERID
200493202

NAME OF CANDIDATE Esther D. Sharif		OFFICE SOUGHT (include Legislative District, if applicable) State Representative 30	
ADDRESS (NUMBER & STREET) 5260 S. Renewal Ln.		CITY Tucson	STATE AZ
MAILING ADDRESS (if different from above)		CITY	ZIP 85747
CANDIDATE'S TELEPHONE # 520 721-1767	CANDIDATE'S FAX # 520 721-1767	CANDIDATE'S E-MAIL ADDRESS	
CANDIDATE'S PARTY AFFILIATION (if any) Democratic Party			
NAME OF CANDIDATE'S COMMITTEE Committee to Elect Esther D. Sharif for State Representative			
COMMITTEE'S ADDRESS 5260 S. Renewal Ln.		CITY Tucson	STATE AZ
COMMITTEE'S PHONE # 520 721-1767		ZIP 85747	
COMMITTEE'S FAX # 520 721-1767		COMMITTEE'S E-MAIL ADDRESS	
NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. §16-948) Sidney R. Sharif			
DESIGNATED INDIVIDUAL'S ADDRESS 5260 S. Renewal Ln.		CITY Tucson	STATE AZ
DESIGNATED INDIVIDUAL'S TELEPHONE # 520 721-1767		ZIP 85747	
DESIGNATED INDIVIDUAL'S FAX # 520 721-1767		DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS	
LIST THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THE CANDIDATE AND THE DESIGNATED INDIVIDUAL WILL CONDUCT ALL FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITTEE (do not list account number). (A.R.S. §16-948(A)). BANK ONE			

DESIGNATED CANDIDATE'S STATEMENT (if applicable) (A.R.S. §16-948(B)): I hereby designate _____ as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf.

Candidate's signature: 6/15/04

CCEC-003-APP/CERT-08/28/01

Application for Certification - Part II

CANDIDATE AND DESIGNATED INDIVIDUAL'S STATEMENT (A.R.S. §16-947): I, the undersigned, upon my oath and under penalty of perjury, certify that the following statements are true and accurate to the best of my knowledge and belief: